

190 2-1-1

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/559607

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1		1			
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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11	1		1			
12		1		1		
13		2		1		
14	1		1			
15		1		1		
16		1		1		
17		2		1		
18		1		1		
19		1		1		
20		1		1		
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22		1		1		
23	1					
24		1		1		
25		2		1		
26	1					
27		1		1		
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29	1					
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TOTAL IND.	8		4			
TOTAL DEP.	43		15			
TOTAL CLAIMS	51		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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